APPLICATION FOR EARNED LEAVE / COMMUTED LEAVE / HALF PAY LEAVE
FACULTY / TECHNICAL STAFF
(Please strike out whichever is not applicable)

1. Name of the Applicant :

2. Designation :

3. Nature of Leave : ☐ EL ☐ HPL ☐ COM.L ☐ E.O.L
   If HPL, whether MC/FC is enclosed? ☐ Yes ☐ NO

4. Period of Leave applied for : No. of Days of Leave: _____

   From   TO

   DD   MM   YY   DD   MM   YY

5. Sundays and holidays, if any : **Prefix:**
   Proposed to be prefixed /   From   TO
   Suffixed to leave

   DD   MM   YY   DD   MM   YY

   Suffix:
   From   TO

   DD   MM   YY   DD   MM   YY

6. Reason for leave applied : ☐ LTC   LTC Block Year: ☐☐—☐☐

   ☐ Others _____

7. Address and Contact No. :
   during leave period

   Contact No: _____

8. The class / lab hours lost shall be compensated on _____

9. Pending Tasks:

Date: **Signature of the Applicant**

                   Recommended / Not Recommended

Signature of the HOD / Lab In-Charge with date

(FOR OFFICE USE)						
Leave at Credit	- EL:	day(s)	HPL:	day(s)		
Leave taken now	- EL:	day(s)	HPL:	day(s)	Com.L:	day(s)
Balance	- EL:	day(s)	HPL:	day(s)		

                                   In-charge

Granted / Not Granted

Signature of Sanctioning Authority